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Bib Data Sheet

CONFIRMATION NO. 4192

SERIAL NUMBER 09/840,441	FILING OR 371(c) DATE 07/30/2001 RULE	CLASS 606	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. 12,222
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 09/27/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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TITLE

BARBED CLIP FOR BONE ALIGNMENT AND FIXATION

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